

INSTRUCTIONS FOR COMPLETING NON-APPROPRIATED FUND (NAF) EMPLOYMENT APPLICATIONS

You must fill out a separate application for each position you are applying for.

DA FORM 3433–Optional Application for Nonappropriated Fund Employment–ALL POSITIONS

While this form is not mandatory, the information indicated by an "*" below is required to be considered for a position. You may submit a resume if it contains all the asterisked information. Your application will not be considered if it is missing the required information.

***BLOCK 1: NAME** – Enter your full name (Last Name, First Name, Middle Initial)

***BLOCK 2a: SSN** – Social Security Number

BLOCK 2b: DOB – Please enter your date of birth in the following format: YYYYMMDD. Example, if you were born on August 9, 1970, you would enter 19700809.

***BLOCK 3: JOB ANNOUNCEMENT/TITLE** - Please enter the Job Announcement Number and Title of the position for which you are applying. The announcement number can be found on the Job Announcement sheets. An example would be: NAF-PA-2005-01.

***BLOCK 4: ADDRESS** – Please enter your full MAILING address including City, State and Zip Code.

BLOCK 5: WORK PHONE – Please enter your work number if currently employed. If you are not currently employed or if you do not want to be contacted there, please write N/A.

***BLOCK 6: HOME PHONE** – Please enter your home phone number, including area code. If you have a cell phone that we can call you on, please include that as well and indicate that it is a cell phone. These numbers will be our main method of contacting you.

BLOCK 7: FAX TELEPHONE NUMBER – Please enter your fax number if you have one. If not, please write N/A.

BLOCK 8: E-MAIL ADDRESS - Please enter your email address if you have one. If you do not have one, or if you do not want us to contact you at it, please write N/A.

***BLOCK 9: DO YOU CLAIM SPOUSE EMPLOYMENT OR ISM PREFERENCE?** - Please see FP Form 131 (Memo for Family Member Application) for the requirements for Spouse Employment Preference.

Spouse Employment Preference - If you are a spouse and are claiming Spouse Employment Preference, you must complete the FP Form 131. You MUST also attach a copy of your spouse's PCS orders which list you as a dependent.

If you are a spouse and have already used your Spousal Preference or are not eligible, please check "NO" for this question. If you are unsure of your eligibility, please reference the Spouse Employment Preference application or ask for clarification from one of the NAF HR assistants.

ISM – If you are an Involuntarily Separated Military Member (or dependant of), you must attach a copy of your discharge DD214. This designation is primarily for service members who were RIFed.

If you claim **prior military service**, but do not claim ISM, you still must attach a copy of your DD214.

Note to prior military members - Failure to provide a copy of your DD214 will preclude you from employment consideration.

BLOCKS 10 and 11: Self-Explanatory - The ISM designation is primarily for service members who were RIFed.

BLOCK 12: MILITARY RANK - If you are active duty military, please indicate your rank. If not, please write N/A.

***BLOCK 13: SKILLS** – Please enter all the knowledge, skills and abilities that you possess that are directly related to the position for which you are applying. If you would rather attach a resume, please write “Refer to attached resume”.

***BLOCK 14: WORK EXPERIENCE** - Enter the positions you have held that you believe help qualify you for the position for which you are applying. Include beginning and ending dates. If you do not remember the month and day, include the year and the approximate length of time you worked at each position. Again, if you would prefer to attach a resume, please write “Refer to attached resume”.

***BLOCK 15: TRAINING** – Enter the names of any training courses/classes you have attended that you believe help qualify you for the position for which you are applying. Include the dates of all training instances. Please complete this block even if you are attaching a resume with the information.

***BLOCK 16: LICENSES/CERTIFICATES** – Enter all licenses/certificates that you possess that are required for the position or those that you believe help qualify you for the position for which you are applying. Please complete this block even if you have attached a resume with the information.

BLOCK 17: OTHER INFORMATION – You may use this block to include any information about yourself that is related to the position being filled that is not included in the above blocks. (For example, Highest Education Level Achieved: High School, some college, Associate Degree, etc...) While it is not mandatory, it is extremely helpful in determining your eligibility.

***BLOCK 18: IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT SUPERVISOR REGARDING YOUR CHARACTER, QUALIFICATIONS AND RECORD OF EMPLOYMENT?** - If you are currently employed, you must answer YES or NO. If you answer yes, please include the name and telephone number of your supervisor. If you are currently unemployed, please write N/A.

***BLOCK 19: SIGNATURE** - You must sign the application. If you fail to do so, you will not be considered for the position. It must be an ORIGINAL signature – not a photocopy.

***BLOCK 20: DATE** – Enter the date you signed the application. Enter in the following format: YYYYMMDD.

INSTRUCTIONS FOR COMPLETING NON-APPROPRIATED FUND (NAF) EMPLOYMENT APPLICATIONS

You must fill out an application for each position you are applying for.

DA FORM 3433-1 – Supplemental Employment Application Form – ALL POSITIONS –

This form is mandatory if you are selected for a position, although your responses to the collection of this information are voluntary. The information indicated by an "*" is very helpful to be considered for a position. You may submit a resume if it contains all the asterisked information. Your application will not be considered if we are unable to determine your qualifications.

***BLOCK 1: NAME** – Enter your full name (Last Name, First Name, Middle Initial)

***BLOCK 2a: SSN** – Social Security Number

BLOCK 2b: DOB – Please enter your date of birth in the following format: YYYYMMDD. Example, if you were born on August 9, 1970, you would enter 19700809.

***BLOCK 3: MAILING ADDRESS** – Please enter your full MAILING address, including City, State and Zip Code.

BLOCK 4: E-MAIL ADDRESS – Please enter your email address. If you do not have one or do not wish to be contacted at it, please write N/A.

BLOCK 5: CURRENT ANNUAL SALARY – Please complete if you wish.

BLOCK 6: ARE YOU A U.S. CITIZEN – Self-explanatory

BLOCK 7: INDICATE YOUR EMPLOYMENT STATUS – Please write in the appropriate status. For definitions for the statuses, please refer to pages 2 and 3 of the NAF Announcement sheets.

BLOCK 8: ARE YOU CURRENTLY IN THE MILITARY SERVICE? - Self-explanatory

BLOCK 9: MILITARY RANK – If you are currently in the military, please indicate your rank.

***BLOCK 10: POSITION APPLIED FOR AND ANNOUNCEMENT NUMBER** – Please indicate the Job Title and Announcement Number you are applying for. Please note that we have many jobs that have the same title so the announcement number is critical. It can be found in the NAF Announcement sheets. An example is NAF-PA-2005-01.

BLOCK 11: LOWEST ACCEPTABLE ANNUAL SALARY – Please complete if you wish.

BLOCK 12: IF PRESENTLY EMPLOYED, LIST JOB TITLE, SERIES, GRADE/PAY BAND LEVEL – If you are currently working in a NAF or AF position, please indicate your status. If you are not, please write N/A.

BLOCK 13: AGENCY, INSTALLATION, ACTIVITY – If you are currently working in a NAF or AF position, please indicate which agency, location and activity you are working for. If you are not, please write N/A.

BLOCK 14: HIGHEST GRADE LEVEL HELD – If you are currently, or were previously, a NAF or AF employee, please indicate the highest grade level position you have held.

BLOCK 15: LENGTH OF TIME - If you are currently, or were previously, a NAF or AF employee, please indicate the length of time you were in the position with the highest grade level.

BLOCK 16: TYPE OF APPOINTMENT - If you are currently, or were previously, a NAF or AF employee, please indicate the type of appointment (example: FLEX, Part-time, Full-time).

BLOCK 17: DATE OF SEPARATION, IF APPLICABLE – Please fill in this information if you have been separated from a NAF or AF position.

BLOCK 18: REASON FOR SEPARATION – Self-explanatory.

***BLOCK 19: IF CURRENTLY EMPLOYED, MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER...?** – If you are currently employed (at any position, not just NAF or AF), please indicate if we may contact your present employer. If yes, please give the name and phone number. If you are not currently employed, please write N/A.

***BLOCK 20: REFERENCES** – Please list 2 people, not related to you, who can furnish information on your qualifications and character. Please do not repeat names of supervisors you have already indicated. **Two references are REQUIRED for any position at CDC or CYS (working around children).**

***BLOCKS 21, 22, 23, and 24: QUESTIONS** – Self-explanatory - Your answers to these questions are voluntary but please note that if you are selected for a position, you will be required to certify the accuracy of the information provided and will be subject to a variety of background checks. Also, in question 23, please list the name(s), relationship, position(s) and organization(s) for any relative that is indicated in a, b or c.

***BLOCK 25 & 26: SIGNATURE AND DATE** – You must sign and date the application. It must be an original signature and not a photocopy.

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DA FORM 3433-2 – SUPPLEMENTAL-A EMPLOYMENT APPLICATION FORM FOR CHILD-YOUTH SERVICES POSITIONS – *Mandatory for all child care services positions.*

***BLOCK 1-8: PLEASE SEE CORRESPONDING INSTRUCTIONS FOR FORM 3433**

BLOCK 9: QUESTION - *Self-explanatory - Your answer to this question is voluntary but please note that if you are selected for a position, you will be required to certify the accuracy of the information provided and will be subject to a variety of background checks.

***BLOCK 10 & 11: SIGNATURE AND DATE** – You must sign and date the application. It must be an original signature and not a photocopy.